2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # V60779 04-08-2005 90079 038 ***150.00 STEPHEN J. REVES, INC. Principal Place of Business Mailing Address 50035104 725 E. BROADWAY 725 E. BROADWAY FT. MEADE, FL 33841 FT. MEADE, FL 33841 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02222005 Chg-P 4. FEI Number Applied For City & State City & State 59-3146063 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent Name REVES, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 725 E. BROADWAY FT. MEADE, FL 33841 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE REVES, STEPHEN J. NAME NAME STREET ADDRESS 524 WATEROAK CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MEADE, FL D ☐ Delete TITLE Change ☐ Addition REVES, BEVERLY L. NAME NAME STREET ADDRESS 524 WATEROAK CT. STREET ADDRESS CITY-ST-ZIP FT. MEADE, FL CITY-ST-ZIP TITLE ПΠЕ ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

changed, or on an attach

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: